

Non Payment of Residential Relocation Due to Failed Inspection

Grantee Name _____ Sponsor/CHDO _____

Name and Address of Project: _____

Project Description:

Circle Funding: HOME, CDBG, HOPWA, SHP, NSP, CDBG-R, Public Housing, Sec 202/811

Issue to Be Determined: Whether an otherwise URA-eligible tenant was justifiably denied assistance because the replacement housing did not meet decent, safe and sanitary requirements

Name/Address of Person Being Displaced:

Address of Replacement Dwelling

Criteria Being Applied: 49 CFR 24.2(a) (B) Decent, Safe and Sanitary (DSS) dwelling and/or any applicable state or local code; HUD Handbook 1378 (104)(H)

Take the following actions and review supporting documents in making your final determination

1. Review the inspection report and determine if it identifies the housing element that is not decent, safe or sanitary (DSS). Is it signed and dated by grantee staff or consultant?
2. Review the file to determine whether the displaced person received: a) A Notice of Eligibility, information brochure or other correspondence that explained that the replacement unit had to be DSS and b) a letter that explained the nature of the deficiency, how to correct the deficiency and the consequences of not correcting the deficiency and provided a 30 day deadline for correcting the deficiency.
3. Compare the inspection report with the letter to the displaced person. Is the deficiency identified in the letter to the tenant the same as the deficiency shown in the inspection report?

Rationale for Not Paying Relocation Benefits Because Unit Did Not Meet Inspection Standard

Authorized Officials Signature

AUTHORIZED OFFICIAL's NAME AND TITLE

Date of Determination:

Attached Documents which support conclusion: Inspection report showing deficient housing elements, Notice of Eligibility, tenant correspondence describing housing deficiencies and time frame for correction.